

*“Developing Realistic Strategies and Viable Options to Provide
Comprehensive and Affordable Health Insurance Coverage for All Michigan Citizens”*

Meeting Minutes

Meeting Name: Models Development Workgroup

Date and Time: Wednesday, October 26, 2005, 1-4pm

Location: AARP Michigan, 309 N. Washington Square, Suite 110, Lansing, MI

Present: Gary Benjamin, Michigan Legal Services/MI UHCAN; Tameshia Bridges, PHI; Marcy Buren, Health Access; Gary Burmeister, Consultants for Quality Healthcare; Jackie Doig, Center for Civil Justice; Christine Farrell, MDCH; Burt Fenby, Lenawee County Community Action Agency; Sara Fink, Michigan Health and Hospital Association; Jeff Fortenbacher, Access Health; Kim Hodge, PHI; Andy Kruse, Genesys Health System; Nancy Lindman, Michigan 2-1-1, MI Association United Way; Del Malloch, Jackson Health Plan Corp-3 share; Lisa McCafferty, Ionia County Health Department; Bill McGregor, Hurley Medical Center; Margaret Meyers, Mercy Primary Care Center; Bruce Miller, Northern Health Plan; Ken Miller, MDCH; Denise Morrow, MDCH LTC Services; Michelle Munson-McCrory, Complete Compassionate Care; Rick Nowakowski, Wayne County Four-Star; Gary Petroni, SEMHA/CPH; Chris Shea, Cherry Street Health Services; Ellen Speckman-Randall, MDCH; Colleen Sproul, Health Plus of Michigan; Hollis Turnham, PHI; Amy Upston, Calhoun Dept. Public Health; Sebastian Wade, Detroit Chambers; Lary Wells, Michigan League for Human Services; Susan Yontz, MDCH; Lynda Zeller, Kent Health Plan; Lody Zwarenstyen, Alliance Health; Jane Zwiers, First Presbyterian Church Health Clinics.

On Conference Call: N/A

Action Items

Item	Responsible	Deadline
Submit EMETs to Ken, who will distribute them to MDWG members for review before the small group presentations on 11/9.	Basic Benefit/Specific Subpopulations and Universal Coverage groups	Friday 11/4/05
Submit list of small group members to Ken	Each small group	End of meeting

Minutes

Topic	Discussion	Conclusions
Welcome and Introductions	New members include: Amy Upston, HCAP Program Coordinator, Calhoun County Dept. of Public Health; and, Bill McGregor, Director Patient Business Services, Hurley Medical Center.	
Communications Protocols		The 10/12 Minutes and Evaluation Summary were approved.

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Workgroup Updates	<p>Due to schedule conflicts and illness, no formal updates were given on the activities of the Data Synthesis and Community Interface workgroups.</p> <p>Ellen was at a Town Hall Meeting in Sault St. Marie and then headed to Marquette for another. Elaine was under the weather with the nasty flu bug that's been making the rounds.</p>	<p>Hollis explained that Marti Kay needs help filling in recruitment gaps for Employer Focus Groups. Members were asked to encourage employers they know to attend a Focus Group in their area. Please refer to the handouts entitled: “Focus Group Schedule” and “Focus Group Recruitment Information”.</p> <p>Ken explained that staff and facilitators are working to find individuals to work on data requests. Please refer to the “MDWG Data Request Log”, dated 10/18/05, which was handed out at the meeting. Small group members were asked to prioritize their data requests on the log.</p> <p>Ellen will provide a summary of results from recent Town Halls at a future MDWG meeting. Also, please refer to the Community Interface handout entitled “State Planning Project for the Uninsured Communication Plan”, which is designed to keep the activities and progress of our project in front of the public.</p>
Discussion of 10/19 Advisory Council Meeting	<p>Hollis shared a hardcopy of her PowerPoint presentation to the Advisory Council, as well as their reactions to the MDWG's progress.</p>	<p>Hollis explained that employers and business groups are more broadly represented on the Advisory Council than the MDWG. The progress made by the MDWG on their expansion model recommendations was well received by the AC. Highlights included:</p> <ul style="list-style-type: none"> - <u>Basic Benefit:</u> AC member asked why the group focused on “hours of work”, instead of age and suggested they might want to focus on the middle-aged uninsured. - <u>Medicaid Expansion:</u> Several members expressed their concerns that, in order to avoid significant political resistance, the group may need to use different words than “Medicaid Expansion” to package their ideas. They suggested reframing the concept as a “Medicaid-like, private-public partnership” model, with the same goals. They believe that a title something like “MIFamily” would be much better received by the public and the legislature. - <u>Pooling/Insurance Reforms:</u> AC members believe the group will need assistance in actuarially forecasting their “Buy-in to the State Employees Health Plan” model. Kevin Seitz suggested that BCBSM and the Michigan Association of Health Plans might be able to provide actuarial assistance. (Staff is following up.) When asked why the group hadn't pursued a “Reinsurance” model, Hollis explained that it was one of the options on their list, and that they would look at it in the future. - <u>Universal Coverage:</u> A few individual members believe that the Universal Coverage group should be pursuing development of a “single-payer”, instead of a “multi-payer” model. The co-chairs and a number of other members believe, however, that a multi-payer is more realistic as a possible long-term expansion model.

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	Members will present their EMETs at the 12/5 AC meeting.	The following conversation among MDWG members led to agreement that each small group will present their EMETs at the 12/5 Advisory Council meeting. This will allow a more detailed discussion between the two groups and provide for additional guidance in the future development of coverage expansion models.
Over-Arching Goals	Members discussed whether a specific limit on administrative expenses, such as 8%, should be included in our Over-Arching Goals.	Members concluded that, while limiting administrative expenses should be part of our designs, it was too specific to be included in the Over-Arching Goals. Members agreed that the concept of limiting administrative expenses was already captured in the Over-Arching Goals and that members would address specific limits in their models development work as reflected in their respective EMETs.
Small Group Discussion of Expansion Models	<p>We experienced our first merger during the small group work session.</p> <p>More time will be spent on small group work.</p> <p>Small groups will present their EMETs to the entire MDWG as practice for the 12/5 AC meeting.</p>	<p>Two groups have merged to create the new “Basic Benefit/Specific Subpopulations” group.</p> <p>In closing, Hollis asked which members felt that 20%, 50%, or 90% of the meeting was relevant to them. The majority of members feeling that only 50% of the meeting was relevant expressed that the most relevant part of the meeting was their small group work. In response, Hollis suggested and the group agreed to dedicate the entire 11/9 meeting to small group work. This will help groups prepare their EMETs for presentation to the Advisory Council on 12/5.</p> <p>As part of that preparation, each small group will present their EMETs to the entire MDWG over the next two meetings. The newly merged Basic Benefit/Specific Subpopulations group will present at the 11/9 meeting before the small group work, and the Universal Coverage group will present at the end of the meeting. The remaining groups: Pooling/Insurance Reform and Medicaid/SCHIP Expansion will present at the following meeting.</p>